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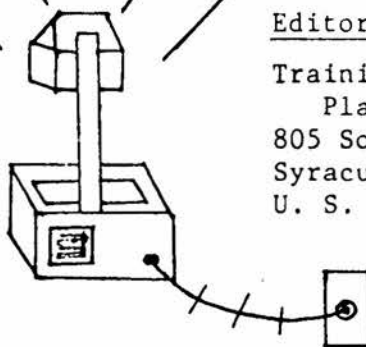
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# TIPS

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This TIPS issue has no single major theme as we are trying to catch up with miscellaneous material displaced by the themes of the previous issues.

### A Sad Legitimate Crime Against the Poor of Our Day

\*We are currently witnessing two massive transfers of wealth in the US from the less affluent to the more affluent. Together, this transfer may be one of the biggest of all times.

One is the US government's bail-out of hundreds of failing savings-and-loan (S & L or thrift) banks. The S & L scam was set in motion by a 1982 law of the Reagan administration that removed all sorts of regulations from the S & Ls. Many were then taken over by crooked or mindless people who played with S & L deposits as if it were play money. Amazingly, the S & L crookery even enlisted people abroad (e.g., in West Germany) to invest their savings into phony or failing schemes (Amerika Woche, No. 51 & 52, 1989). As Time (27/11/89) put it, "at first nobody noticed how much had disappeared because heists in high places occur without ski masks or guns." One banking official called it "a legal bank robbery" (ibid).

Part of the losses were insured, but only a fraction of the total. Therefore, the government decided to cover the difference simply in order to avoid a collapse of the US banking system, loss of trust in the financial empire, and hence panic and world economic collapse. This bail-out may cost tax payers as much as \$300 billion over the next 30 years, or \$5000 for every American of all ages!

Nor is this all: we now learn that other types of banks have done the same things, and are beginning to show the same symptoms, which may occasion yet another--and possibly bigger--bail-out. There goes the money one may save from reducing the arms budget!

The second transfer from the poor to the rich is the give-away to mostly the rich of billions of dollars, intended to go largely to the poor, of the federal department of Housing and Urban Development (HUD).

The monies swindled away in both the S & L and the HUD scams are ultimately not only tax money, but are taken very disproportionately from the lower middle and middle class, while most of the profits, bribes, etc., have gone/are going to affluent entrepreneurs who are getting more affluent.

Under Reagan's presidency, HUD turned into something of a little mafia of corruption, shifting billions of dollars intended to provide housing for the poor to wealthy people, mostly well-connected Republican housing developers and consultants (some of whom got up to \$600,000 for their often very limited services), and sometimes for luxury projects for the rich. A small number of HUD insiders made all the important decisions, and sometimes even forced money onto communities and projects simply in order to benefit somebody who

was involved. In turn, local developers simply bypassed local authorities and dealt directly with HUD senior officials. Some HUD officials resigned and became high-priced consultants instead to the developers who received HUD funds. Other former government officials received similar fees.

E.g., James Watt, nature-hating secretary of the Interior under Reagan's presidency, received \$400,000 from housing developers for lobbying HUD on their behalf between 1985-1987, even though he had no experience in the field. One result of all this will be that some developers will receive literally hundreds of millions in dollars in excessive rent income over the next several decades, ultimately of course subsidized by taxpayers and the poor.

Furthermore, hundreds of millions of dollars were stolen by escrow agents from HUD foreclosure sales. One commentator explained it all by saying that so many political appointees in the Reagan administration had contempt for government and for the public sector, to which we would add contempt for the poor. Members of Congress noted with chagrin that Congress is simply not equipped to run the government, and that legislation and legislators cannot solve the problems when there is a shortage of public-spirited officials in the executive (Common Cause, Summer 1989). Even the inspector general of HUD failed to carry out his duties and respond to congressional prodding, and was accused of either providing a deliberate coverup, or displaying rank incompetence.

One HUD escrow agent alone managed to steal \$5.6 million. She claimed to give most of it to the poor, and was quickly dubbed Robin HUD. She did indeed cut a lot of red tape in channelling much of this money to the poor where it was supposed to go--but apparently also bestowed much charity, including 40 cars, on herself, her family and friends. But chances are that her relatively small personal larceny will be prosecuted much more severely than anyone's channelling of HUD money to the rich.

Juxtaposed to these crimes is another: the federal Department of Health and Human Services pays half of the typical cost of \$2000 a month each to keep homeless families in hotel rooms--but forbids using this money to apply toward permanent homes for these families, even though some families spend years in such hotel rooms. After all, that is HUD's problem.

And what did the Congress learn from the HUD scam? Being virtually totally bankrupt as a governing body, nothing, in that it immediately earmarked \$28.4 million for 41 "pork barrel" projects for 1990, many of which will not even benefit the poor. Also, Congress is pushing for funds and tax credits for new housing projects in order to stimulate construction, rather than conserving the beautiful and comfortable old homes in poorer sections of cities. All this contributes yet further to the expensive junk living conditions of the poor.

Even when HUD money does go to housing projects for the poor, the rich profit enormously. One such project was built in Syracuse at great profit, then renovated at more profit, and yet what came of it is 393 sorry little instant junk apartments which each cost as much as an entire middle-class house. For supporting and facilitating the building of the project, the mayor of Syracuse was payed at least \$43,000 in bribes, and many people in politics, architecture, construction, etc., profited. The rich continue to benefit by owning this publicly-subsidized project, and occasionally being paid to renovate it. The rich further profit by running "security" services for the project that cost several hundred thousand dollars a year, but are not very effective, considering that as of 1989, drugs were used in 257 of the 393 apartments (ca. 65%), 100 of the residents are drug dealers, and the police were called to the complex 1350 times in 12 months, i.e., almost 4 times a day. All this is within a few blocks of where the TIPS editor lives, and it is only one of numerous housing projects for the poor in Syracuse. The Syracuse Herald Journal (26/12/89) editorialized that the project should be bulldozed (undoubtedly at great profit to demolition companies and land-fill owners), and each poor family be given the \$700 a month that it costs the public in federal and state taxes to subsidize each apartment. With this money, the poor could find good housing on the open market--and have spending money left over, which now they get in additional public subsidies.

And as late as 12/89, the construction of yet another nursing home near Syracuse was approved and qualified for federal Housing and Urban Development monies--because it will create new jobs.

### Crazes, Craze Crazes, & Craze Crazyiness

\*In 1903, a French scientist discovered N-rays, given off by metals and human beings; within a year, more than 100 scientific publications had confirmed the phenomenon, some in elaborate experiments. The craze lasted several years before it was agreed that the phenomenon was spurious. A few years later, hundreds of papers were published in American scientific journals describing the Allison effect, based on isotope detection via magnetic fields, through which half-a-dozen new chemical elements were "discovered"--all of them eventually proven illusory. Not long after, more than 500 scientific papers reported "mitogenetic rays" given off by plants such as onions, and which influenced other organisms around them--all again illusory.

In 1926, two German researchers announced that they had achieved what today is called "cold fusion," which turned out to be a mistake.

After World War II, the nuclear people promised nuclear energy "too cheap to meter," only to be followed by one nuclear energy disaster after another, and an eventual dismantlement of many nuclear power plants in the US, including some that never even passed muster, and others that had virtually always operated in the failure mode. Also, in 1951, an Austrian physicist, and the Argentine dictator Peron, jointly announced controlled nuclear fusion, and cheap power within 18 months--all a fantasy.

Then in 1968 came the big polywater discovery, which was water in a different molecular form that was considered capable of threatening all life on earth. The US National Bureau of Standards confirmed the discovery, and a Nobel prize for the discovery seemed in the offing. Then it turned out that impurities in the water accounted for all the observations, and the craze died out in 1972. Then in 1987 came the superconductor craze, and everybody dropped everything to practice one-upsmanship on each other, with euphoric announcement everywhere that soon, the phenomenon would permit levitating trains to afford almost costless and nearly instant transportation around the world. Then came the "cold fusion" announcement in 3/1989 that claimed that a virtual two-bit set up in anybody's basement could produce nuclear fusion energy which big science had pursued at immense cost for decades without payoff and with little success. Once more, all sorts of utopias were sketched, including the nearly forgotten nuclear promise of "energy too cheap to meter." All over the world, superconductor equipment was quickly put in the closet as cold fusion flasks were set up, with many confirmations of phenomenon. Mighty MIT itself rushed in with patent applications for cold fusion within 3 weeks of its "discovery." In the midst of this flurry, hardly anybody noticed an announcement in 5/89 that even if superconductors were to function at room temperature, they could not transmit enough energy, and would most likely never sustain a significant levitation effect. Since 5/89, the cold fusion craze has undergone much de-crazing. If there is a phenomenon, it probably is not fusion, and at any rate will never be a major energy source.

TIPS readers would be wise to believe that nature never yields something for nothing, and that in fact, the costs of obtaining something quite ordinarily exceed the yield. It may take years, perhaps even decades or centuries, for the costs to become clear, but eventually they will. If readers remember this, they will be more sophisticated than the vast majority of people with vast amounts of scientific expertise.

Other major science crazes that rose and fell in just 1989 included forensic DNA "fingerprinting," and "transgenic mice" (the "cold fusion" affair of molecular biology, according to Science, 30/6/89).

\*In a previous issue of TIPS, we poked fun at the sensational discovery of an alleged manic depressive gene, and sure enough, follow-up studies were not able to produce the results, and this particular craze is now probably over. The error was a rather well-known and classical one, namely of getting statistical significance in one study--presumably by chance--which, according to standard procedure should then be cross-validated with a second and independent study and sample. In this case, the significance dissolved when additional subjects were added to the study. Not surprisingly, with this refutation, the mania of the earlier announcement was followed by depression (Science, 17/11/89).

\*And now, don't die convulsed by laughter: In 9/89, the otherwise respected International Journal of Neuroscience published an article that claimed a "cure" for epilepsy by means of an electronic device.



\*We need to become inoculated to craze craziness, and learn to understand deeply that the craze obsession in human services is an offspring of the broader false worldview that prevails in the mainstream of science and technology, and in its daughter, medicine.

### Resources

\*Splendid news indeed is a sudden outburst of interest in the history of human services, one sign of which is the launching of a History and Analysis of Disabilities Newsletter to which people can subscribe at the ridiculously low price of \$10 Canadian from History of Disabilities Network, c/o G. Allan Roeher Institute, York University Campus, 4700 Keele Street, North York, Ontario, Canada M3J 1P3.

### Human Health & Identity

\*X-raying of pregnant mothers achieved its widest use in ca. 1956. When Dr. Alice Stewart told the medical profession that it was killing its patients thereby, it reacted with anger and denial; and even though many safeguards have been instituted since then, she was never given credit for these reforms. One reason why there has been so much resistance to the acknowledgment of the risk of medical radiation is that acknowledgment of such risk would also throw doubt on the safety of both the nuclear energy industry and on nuclear testing. Some of the researchers who were among the early ones to warn that official risks of radiation damage were too low, perhaps even by a factor of ten, were viciously attacked. Some of them lost their grant money, their jobs and their reputations. Efforts were made by the nuclear interests to prevent publication of relevant scientific studies. This scandalous history has been summarized in Greenpeace (July/August 1988). As late as 1984, not only government officials but even government scientists still insisted that above-ground nuclear tests would have no health effects on the populations living downwind.

\*There is increasing evidence that electric currents may, in fact, impact negatively on health. Research on this problem has been very difficult to conduct, and been suffused with ideological distortions and special interests, as well as some crackpottery. However, decision theory would indicate that at this point, one does not expose oneself unnecessarily to electric currents, and particularly not those close to one's body, exemplified by electric blankets. One should also not sit any closer than one absolutely has to to TV sets, video equipment and even computers (e.g., Newsweek, 10 July 89).

\*A lot of children's diseases these days are passed on at child day care centers, even under the best of conditions at such centers.

\*To clean up just one single decommissioned nuclear materials processing plant in West Valley, NY, is expected to cost anywhere between \$400-900 million; and even after that, the plant will not be entirely decontaminated (SHJ, 29/10/89).

\*The first world is howling in protest at Brazil burning up its Amazon forest, but the fact is that much of this is bankrolled by the World Bank. This is just one aspect of a long-term global pattern of World Bank funding of projects that are utterly destructive of the environment, people's health and local cultures. In some countries, it has funded projects that establish dumps, create runoffs, exhaust or pollute the ground water, physically displace tens of thousands of people, and so on. Crop projects are often started mindlessly, to be followed by the discovery that those crops cannot thrive in the respective locations. The amazing thing is that most of these projects do not deliver the economic benefits that are promised beforehand, and even incur additional costs for rectifying the mistakes. In some such areas, death rates have even gone up 300% as a result of the projects. One thing that fuels this insanity is that the careers of bank officers are enhanced by the size of the loans they manage, and not by the effectiveness of the projects funded (US News & World Report, 25/9/89).

\*For 100 years, it had been thought that all sex differences are due to the genetic information contained on the X and Y (sex) chromosomes. However, in 7/89, evidence was announced that sex differences may also be carried by other chromosomes, which would be mind-boggling and extremely far-reaching as to what it means to human gender identity (Time, 7 Aug. 89).

\*The editor of the most widely circulated scientific periodical (Science) promoted the human genome research project with the ridiculous argument that failure to implement this project constituted "immorality of omission--failure to apply a great new technology to aid the poor, the infirm, and the underprivileged."

Considering the horrors that we inflict on poor, infirm and underprivileged when we have not yet mapped the human genome, what horrors will we inflict upon them once we have?

### A Few Tidbits of Social Role Valorization (SRV)

\*This issue of TIPS has a record number of perversion alerts--five on SRV alone.

\*An interesting article by Hallsted (1988) (sent to us by Jo Massarelli) appeared in the November/December 1988 Exceptional Parent, entitled "Our Son Lives at Home." The author listed both the benefits and the disadvantages to himself and his family as a result of having a handicapped child, and of keeping that child at home. Among the costs of keeping a handicapped child at home, Hallsted (1988) lists the following.

1. Because of their son's seizures, since his early childhood, neither he nor his parents ever sleep through the night.
2. Having had to deal with unwilling and unhelpful school systems, as well as with friends, fellow church members, and physicians who all recommended that they institutionalize their son.
3. Loss of the prized image of having a "picture perfect family."
4. Embarrassment and inconvenience, particularly in public.
5. The opportunity to minister at certain churches. (The author is a minister, and certain churches turned him down because he would have brought a handicapped child with him.)
6. An awful lot of money, particularly because of high medical costs.
7. The opportunity for the other children in the family to think of themselves first.
8. Embarrassment to the other children in the family, particularly in public.
9. The loss of certain friends, both of the parents and of the children.
10. The loss of the author's full attention and energies, particularly when he is ministering to his church.
11. The loss of the security of thinking there will be no disruptions or distractions (However, he lists this as a loss to the churches to which he has ministered, rather than as a loss to his family).
12. The loss to Andrew himself of a "safe, sterile, and stable atmosphere of an institutional setting." Here, Hallsted (1988) manifests some real naiveté about the quality of even "good institutions," and the fact that the turnover among all human services is so great that none of them can be considered stable, and that the incidence of violence, abuse, and outright death in them are so high that they can hardly be called safe.
13. The cost to Andrew of not being able to associate primarily with other people who are also impaired. Again, Hallsted (1988) here manifests some naiveté that such associations would be to his son's advantage.

Among the benefits to keeping their handicapped child at home, Hallsted (1988) lists the following.

1. For the author and his wife, a greater orientation towards others and their needs, and less selfishness, less shallowness, and less insistence on having their own needs met.
2. The joy of facing a challenge, and being able to meet it.
3. The thrill of winning, even when the victories are small.
4. An improvement in the marriage--Hallsted himself says that it is "infinitely better," because their handicapped son has helped both the author and his wife to learn and to develop their strength.
5. Their other children have become remarkably caring and concerned about the needs of others. For instance, he says that even their teachers have noted that all of their children seem to be very aware of the people that others never notice, of their loneliness and their hurts.
6. Teaching their other children that having one's own desires determine a family's scheduling and planning is a privilege, not a right, and that all of the children in the family will occasionally have this privilege extended to them.

7. Security for the other children, because they know that no matter what happens to them or what they might do, they can always count on being accepted and loved by their parents.

8. A knowledge that children, and indeed all human life, are not disposable.

9. Opportunities for the churches in which the author and his wife have ministered to "reach out in love to the unloveable and feel the joy and satisfaction of loving and helping someone that cannot possibly ever do anything for them."


One big merit of this article is that it is a more honest, and more balanced, inventory of this family's costs and benefits than one usually gets in parental stories.

\*The cover of the 11/89 issue of Life was devoted to the young man with Down's Syndrome, Chris Burke, who is the star of the TV series, "Life Goes On," which started running in Fall 1989. As one turns the front page, one encounters a blank sheet that has just one word written on it in giant letters, and the word is "nobody." This remarkable message was the beginning of an ad that continued to run across the next two pages, but it constituted an incredible "undoing" image juxtaposition to the cover. (Item drawn to our attention by Patricia Powell.)

\*The J. M. Foundation, one of the oldest grant-awarding foundations in the US, started giving honors and cash awards to the best vocational programs for handicapped people in the US in 1986. In 1987, 5 programs were selected as being "America's finest." We can hardly wait to see some of these programs evaluated by means of PASS or PASSING (AR, Winter, 1988).

\*According to a 1987 book and its 1989 review, the Goodwill Industries Program for training retarded adults for employment in Denver is supposed to be "exemplary" (Contemp Psy., #7, 1989). Any reader familiar with it?

\*We have been receiving a number of reports recently of handicapped people actually regressing in their behavior because of their juxtaposition to other devalued people in their residences. Sometimes, this is not due to modeling or other bad influences, but happens because the handicapped people are so deeply ashamed of their devalued status which gets so amplified by having to live in special places with other clearly stigmatized people.

#15  PERVERSION ALERT -- Those who have carried so-called self-advocacy to the perversion stage have also participated in the promotion of the identity of some handicapped people or former clients of the service system into virtually full-time "professional" handicapped people or full-time "self-advocates." Newsweek (3 April 89) described a similar phenomenon when it referred to a character in the novel Failure to Zigzag as being "a mental patient virtually by profession." One encounters a certain small number of handicapped people whose entire lives have become centered on acting as full-time symbols and spokespersons of their particular subclass, and one common phenomenon is to see the same such full-time "professional" (self-)advocates showing up over and over at one conference after another, virtually becoming Mr. or Ms. "formerly labeled mentally retarded," or whatever the condition at issue may be. Such things also occur in the larger society, but there are at least three things that are wrong with this here. (a) The person's mind gets manipulated to think of nothing else, and the "nothing else" often consists of endless reliving and retelling of past injuries. After a time, the person's mind can become utterly consumed by that, and becomes closed to any other activities, ideas or mind content. (b) This identity often interferes severely with the person seeking, or being provided, other opportunities or incentives for acquiring normative skills and valued roles. Being a retarded ("labeled") person, and/or having escaped certain sectors of the service system, becomes the persons' major or almost only quasi-valued identity. We see the same phenomenon in the field of mental disorder where inability or unwillingness to seek or accept employment has focused the attention of former clients of the mental health system entirely on their past experiences, and virtually every minute of their lives is consumed by a preoccupation with this, and communicating to others about it, often in the context of an organization of similar persons. (c) We are amazed to see that observers--including some who should know better--begin to form the idea that all handicapped persons are, can be, or should be, like the "professional" advocates. Such observers de facto tend to abandon those impaired people who are totally dependent, alone, and in the clutches of the service system, and for whom self-advocacy will never be their ticket to deliverance.



We certainly do not believe that there should be no such thing as the evolution and promotion of articulate spokespersons, organizers, and advocates, but we believe that it is not good for persons who are still mentally limited, and still in a devalued status, to become this to the exclusion of virtually all else in their lives. How far this can all go we have already lampooned once when we mentioned a picture that we saw in a mental retardation periodical that showed several people sitting down to a meal, with a caption reading "Three self-advocates having lunch."

#16      PERVERSION ALERT -- Since ca. 1980, the Joshua Committee in Toronto has become highly publicized and virtually world-famous as a model for the establishment of voluntary circles of supporters around an impaired individual. One observer (Bob Jones) has noted how this good thing is commonly perverted by attempts to bring about the establishment of support circles in a highly mechanical and stereotyped fashion, or by virtually professionalizing its establishment. He humorously likened this to someone saying, "Let's fly in a support circle from Toronto and wrap it around this person."

#17      PERVERSION ALERT -- Either for the sake of competency or image enhancement, or both, SRV often requires that people whose identities or needs differ considerably should not be served in the same program or setting. However, one widespread contemporary perversion carries this principle to absurdity in almost obsessively attempting to separate vulnerable people from each other and/or those on whom they are dependent, all allegedly for their benefit, and possibly in the name of independent living. For instance, we heard of one incident where an aged mother and her mentally retarded daughter who had lived with her mother all her life were admitted together into the same nursing home--and then, they were separated because "their needs differ."

#18      PERVERSION ALERT -- So-called "day" or "day care" programs for handicapped adults or elderly people are sweeping North America. These programs occupy people during the day, often people interpreted to "have 'Alzheimer's Disease,'" who are burdensome to their families, and who might end up in a nursing home if their families were not relieved of the stress of looking after them. Often, these programs are virtually indistinguishable from "day care" or nursery school programs for young children. More and more, we hear of such day programs getting PASSING scores between -700 and -900. These programs are so inappropriate and bizarre that they often score below even institutional settings. No wonder: some day programs consist of virtually the same thing that institutional living used to consist of during the day hours. People pace, are given "medication" in little paper cups, sit around the walls and doze, and so on. Also, in so many of these so-called "day care" programs, reclining chairs have replaced the rocking chairs that used to be ever present in so many institutional and nursing home programs.

#19      PERVERSION ALERT -- Based on hundreds of experiences with PASSING evaluations, Darcy Elks has told us that she occasionally sees a peculiarly modern type of human service program that combines a very high degree of objectification and formalization with a certain amount of Social Role Valorization, and that this combination yields a remarkably cold and nasty service atmosphere from which few SRV benefits can actually be expected.

\*As services become poorer and poorer, PASSING workshops where sometimes large numbers of services are evaluated by different teams at the same time become ever sadder and sadder occasions. An increasing phenomenon lately has been that on the last day, when the teams tell each other what they have seen, there is one tearful scene after another where tissues are copiously consumed, and the reporters for the various teams are too choked up to speak. Sometimes, the "best" service among perhaps 10 or so being evaluated scores "only minus 350", which then becomes almost a model compared to the ones that score close to -1000. Of course, the theoretical range is up to +1000, and a score of zero is considered minimal adequacy.

We recently even heard of a vocational program in a real business setting, very similar to a "supported employment" program, which nonetheless scored almost -500.



One remarkable thing about contemporary service programming is that one might conceivably find hundreds of settings of the same type of program where not a single of the client groupings is coherent, when in fact every one of them could be coherent if there were a mutual interchange of clients. In other words, one can think of 100 misgroupings of three clients each when one could have 100 coherent groupings with the very same clients.

\*The US Food and Drug Administration tries to determine for every drug it approves whether it is first of all safe, and secondly effective. Theoretically, an ineffective drug might be forgiven if at least it is safe. An analogous question for human service might be to ask whether a particular agency, program, or treatment is safe and effective. If it is safe, then at least it will be benign and would do no harm even though it may also do no good. If it were both safe and effective, we might approach something which is called "relevant intensity" in the PASS tool.

\*Ordinarily, a handicapped person is less devalued if the person is affluent; in fact, being poor is often a bigger handicap to an impaired individual than the impairment. However, there is the occasional exception: when a person who previously was mentally retarded and impecunious suddenly comes into a lot of money, then that person may be considered incompetent to know what to do with that money by the parties around him or her. This is exactly what happened to a mentally retarded person in Germany who won a lottery--upon which the people around him rushed to have him declared mentally incompetent (he not previously having been thusly declared), in part because he was a generous person who began to give his money away (Geyer, 1954/1984).

\*The International Sports Federation for persons with Mental Handicap has unfortunately adopted the symbol of its 1989 world championships in athletics and swimming for mentally handicapped persons-- the picture of a human being with the head and tail of a beaver (CMH Newsletter, Spring 1989).

\*The Mental Health Association of Beaver County (near Pittsburgh) sent out its Christmas and Hanukkah letter in August 1989. (Source item from Denise Shaw.) No wonder the people it supposedly represents are crazy.

\*A group of human service workers in Washington state got together in 1989 for a detective mystery-solving dinner with the theme "Grave Details," during which a mock murder would be committed. The flyer, adorned with a gravestone with the acronym RIP on it, asked that checks for tickets be made payable to COPS.

#### Peculiar Achievements

\*Skills of independent living? The bad news is that in Brighton, Colorado, a pistol-packing man robbed a convenience store of two six-packs of beer. The good news is that the robber was paralyzed from the waist down, used a wheelchair to perform the robbery, and fled in a truck (AP, in SHJ, 12 September 85).

\*In 6/87, a man graduated from Pace University Law School in New York State who has cerebral palsy, can not walk or write, and "has problems speaking and seeing." He has previously graduated from college with a nearly straight A average, and we are impressed by his attainments, but we do wonder how many mafiosos would hire him to defend them in court. On the other hand, the new graduate stated that the idea of gluing boxes or separating nuts and bolts did not appeal to him, and that this is what people expected him to do. We would add to this that it probably cost no more to send him through law school than to send him through a sheltered workshop (AP, in SHJ, 5 June 87).

#### Human Service News

\*J. L. McKnight (1989a; Beyond community services. Unpublished manuscript) asks: "How is it possible, in a small town of 5,000 people, to find a typical house and have five residents live there for ten years without any effective community relationships. Indeed, if one would say to the average citizen, 'I want you to take five men and buy a house in a neighborhood in a little town where those five men can live for ten years. And then I want you to be sure that they are unrelated in any significant way to their neighbors, that they will have no friends, and that they will be involved in none of the associational or social life of this town,' I think that almost every citizen would say that this is an impossible task. Nonetheless, traveling throughout North America

it has become clear to me that systems of human service providing activities called community services have managed to achieve what most citizens would believe impossible-- the isolation of labeled people from community life even though they are embedded in a typical home in a friendly neighborhood in an average town. Certainly, this unbelievable outcome makes clear that community services are not tools that bring labeled people into community life. Indeed, the truth is more probably that activities called community services are the primary barrier between the five men and their community."

McKnight (1989b; Do no harm: A policymaker's guide to evaluating human services and their alternatives. Unpublished manuscript) used the term "service ghetto" to refer to the social environment that surrounds so many devalued people. Another simile he has cited is that of a person who takes 20 different pills, any one of which might have been quite helpful, but who dies from their combined effects. He gives yet another striking simile, namely that of trees in a city and those in the forest. They may be the very same kinds of trees, and they may even be very similarly spaced, but in the forest they take on an entirely different character than when spread out along streets, in yards, in small parks, and so on. Thus, a "dense packing" of services into a service supersystem, as we see increasingly in all developed nations, creates something like a human service forest that is different from the human service trees of the past found in cities. In a human service forest environment, there are demands for ever more services, programs proliferate, costs increase without limitations, clients multiply, the forest gets ever bigger and denser, and behaviors become adapted to the forest rather than to that of city streets and yards. In this case, this is not a healthy adaptation but a destructive one.

One analogy here is the total institution. Theoretically, it could be conceptualized as being merely a combination of functions such as residing, shopping, worshipping, eating, recreating, etc., which otherwise take place free-standing and are naturally performed elsewhere. However, when all these separately natural functions are combined in one setting and under one administration, they create an entirely new environment. People have looked at such institutions for hundreds of years before they understood how radically different they were, and why, underlining the difficulty in understanding this paradigm shift of doing things.

\*A parent of a handicapped man who has long been active in the parent movement recently attended the congress of the International Association for the Scientific Study of Mental Deficiency in Ireland. He told us of a scholar from Finland who gave a report of a 22-year follow-up study of a group of retarded persons. As our friend reported this, he erupted into uncontrollable laughter and said, "You'd think that in 22 years, he could have done something about the problem instead of studying it."

\*The sad divisioning between all sorts of sectors in our society, and the mindless teaching to children and handicapped people not to talk to strangers, was illustrated by this story. A non-handicapped woman and a handicapped woman used to ride the same bus together, and began to chat with each other each day during their ride. One day, the handicapped woman informed her fellow passenger that she could no longer talk with her, because she had been instructed by the staff at her group home that since they did not know the non-handicapped woman, she was a "stranger," and she was not supposed to speak with strangers. (Told to us by Sandy Bufis)

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PERVERSION ALERT -- We have been told by Darcy Miller Elks that one of the potential crises in the current day care developments is that day care for children is assuming the character of "day institutionalization."

Children, virtually abandoned by their parents, may spend 12 hours at day care center. When they are brought home, the parents are often too exhausted to deal with them, and simply put them to bed for as long as possible in order to drop them off again next morning. Our friend characterized some current day care centers as "institutions for normal people," being one of the few exemplars of such institutions in society, another one perhaps being certain college dormitories. Indeed, some children de facto brought up in day care centers may one day spend yet additional years in such college dorms, and thus spend a great deal of their youth in various forms of normal quasi-institutions. We ourselves make a very strict distinction between real early education, as exemplified by Montessori programs, and other kinds of day programs for children.

\*Two psychologists have written a book (After the Ball) in which they claim that the homosexual movement made a fundamental strategy mistake in emphasizing sex (e.g., so-called expressiveness and freedom) rather than rights, thereby evoking the antagonism of the public. Emphasis on sex backfired particularly badly when it intersected with the advent of AIDS. The authors particularly scorn the kind of flamboyant displays that we have seen at so-called gay pride parades, and liken this sort of thing to trying to put out a fire with gasoline. Not surprisingly, this argument is widely rejected in the homosexual community (Time, 10 July 89).

\*Anderson, P. M. (1988). American humor, handicapism, and censorship. Reading, Writing & Learning Disabilities, 4, 79-87. The author makes the point that there are now all sorts of special interest groups, including advocates on behalf of the handicapped, who try to purge libraries of material that they consider offensive to their special interest--which would eliminate a great many classics from libraries. The author thinks that this is a very stupid policy and does not serve very well the aim of combatting prejudice. He says that it is much better to have people--such as school children--read contrasting works on such a topic, and then have them analyze the works and the attitudes presented therein. This is apt to stimulate critical thinking and provide a better base for positive attitudes than to never have people exposed to language or attitudes that today may be judged to be devaluing or outdated.

\*One of the 1990 lines of cars, introduced in late 1989, is entitled the Protégé, which certainly adds positive imagery to the term protégé used to describe the vulnerable/needy person in the citizen advocacy schema. Who knows? Maybe the PR or advertising people adopted the name because they were impressed with the glamorous image associations of Citizen Advocacy!

\*A study of correlates of so-called quality of life (we intensely dislike the term because of its code word and craze components) of retarded people found that the single biggest factor was family involvement, followed by income. Far distant behind these two came the person's number of impairments (MR, 2/89)

\*The latest amusing clever perversion is the reasoning, largely on fiscal rationales, that retarded residents in so-called intermediate care facilities for the mentally retarded should be transferred to generic intermediate care facilities when they become aged, or to change the certification from the former to the latter type (MR, 8/88). The problem is that in the latter type of facility, there is less funding for "developmental" type of programs, and more emphasis on quasi-terminal nursing care.'

\*One interesting thing about the question, "just who are the lunatics, the inmates of the asylums or their keepers?", is that it keeps getting asked over and over through the centuries. The Philadelphia Inquirer Magazine asked it on 10 July 1988 in its cover story on the announced closing of the Philadelphia state hospital, also called Byberry, 2 years hence. During the 1920s and 1930s, attendants at Byberry were commonly recruited directly from people sentenced in police courts and given a choice of either going to prison or working at the institution. By 1933, the facility held 5,500 residents, which was almost double its capacity. At its peak in 1959, there were 6900 residents. For many decades, people were killed outright by brutal attendants, died from neglect, or committed suicide in large numbers. One woman was institutionalized in 1921 because she was found babbling on the street, and it was not until 1969 (48 years later) that it was discovered that she spoke Ukrainian--upon which she was released. One resident admitted in 1923 had no file entries between 1924 and 1967, and when he was released in 1969, it was noted that he had lived a quiet life without serious incidence for 46 years in the institution. One man was committed to Byberry in 1942 because he was a conscientious objector, and a judge thought one had to be insane to be such. They kept him there for 30 years! This sort of thing went on at least from the 1920s onward. Hardly anybody ever got out. As late as 1945, only two patients were discharged as recovered out of 6000. As late as 1987, abusive conditions still prevailed, and senior staff were censored. Never in its entire existence between 1907 and 1988 had Byberry been anything but a hell-hole with a relentless litany of human abuse. Over the years, a county prison farm and an institution for the retarded (Woodhaven Center) were also located virtually adjacent to the state hospital. (Source item from Montgomery Advocacy Coop)



\*An example of the adoption of goal succession once original goals had been achieved or were no longer quite so relevant began to occur in the 1980s when United Cerebral Palsy Associations (UCPA) in the US began to run programs for people with traumatic brain injury. Of course, cerebrally palsied people are still around, but many more such people are involved in public or integrated schooling, work, and other day programs which are the kinds of services that UCP used to run on a segregated basis. So now, it is running segregated day programs and residences for people with traumatic brain injury. All this suggests that running something that is segregated is felt more important than doing something for people with CP. This goal succession may also have prompted the change of name of what used to be UCPA chapters to "Enable," which (a) sounds like unable, and (b) is almost totally unrevealing, in contrast to the previous name.

\*The entire summer 1989 issue of Focal Point was devoted to the little-known fact that even to this day, many parents all over the US get pressured to surrender custody and/or guardianship of their mentally disordered children in order for them to receive treatment. One might have thought that this despicable practice ceased with the days of large-scale institutionalization when it was quite common to refuse admission to minors or mentally impaired adults unless the state was also given public guardianship over the admittees.

\*The home care services of the county in which Syracuse is located are headquartered in a multi-purpose old "county hospital" (mostly a nursing home), informing us yet again that so many non-institutional services often interpreted as designed to keep people out of institutions are really gate-keeping services to institutions. (Item from Ann O' Connor)

\*Yet another example of so much of the deceptiveness of the "planning ahead" appeals to families with handicapped children was found in the newsletter (Our Children's Voice, p. 8) of the New York State Association for Retarded Children of June 1989. First, the article made the point that *"There appears to be a heightened awareness and clear recognition for the need to plan ever so carefully for the future wellbeing of individuals who are mentally retarded and developmentally disabled, especially when parents or family members are no longer available to ensure their young or adult children's welfare and security."* Next, we learn that what this means is--making burial provisions for one's retarded family members. In addition to being just plain deceptive, the article almost seems to reinforce deathmaking impulses in suggesting that the proper way to plan a handicapped child's future is to plan for his or her death and burial.

\*A new federal mandate in the US taking effect 10/1988 requires that staff at community residences be paid for the time that they sleep at the residences at night. This paid time has even received a special name: sleep time. This is yet another very powerful disincentive against having live-in staff.

\*There is a state institution for the mentally retarded in Syracuse, NY, and it has a very nice auditorium that is used for a variety of events. We were informed that the temperature in the auditorium is controlled out of Buffalo, New York, 150 miles away. This means that when the auditorium gets too hot or cold, it is very difficult to do anything about it, particularly on weekends or holidays--even though the auditorium is used during such times. This is a typical example of departments of the state of New York never being able to do anything right.

\*In 8/88, the state of New York declared an "emergency" at Kingsboro Psychiatric Center in New York City because of deteriorating conditions, client abuse, drug selling, etc. (AP in SHJ, 20/2/89).

\*They used to shout, "The king is dead; long live the king"--meaning the new king. For the misguided souls who thought that they could litigate into oblivion the problems that institutions have always had, we can say, "the institution is dead--but long lives the institution." This is exemplified by a study of the retarded people who formerly lived in Pennsylvania's Penhurst state institution. Many of them now live in an over-medicated, mistreated and ignored way in various types of other settings. At least 42% of the former Penhurst residents who were from Philadelphia are on psychoactive drugs, and 35 of them died during just one recent year. (Philadelphia Inquirer, 12 July 88, source item from Chuck Burkhouse.)

\*As of 1988, there are nursing home chains in the US that have anywhere between 40,000-110,000 beds in their various establishments.

\*We emphasize in our teaching that so much of human services these days is make-believe and game-playing, and paying people not to do the right thing. Here is yet another example which we encountered. The Journal of the New York State Office of Mental Retardation & Developmental Disabilities (5 & 6, 1989) featured a picture of "two competing teams" (of human service types) "playing 'Reason,' the state's new game of reasonable accommodations." Thus, we not only have game-playing presented as the real thing, but called "reason" at that!

\*A psychology professor at Michigan State University has called for the replacement of both Mothers' Day and Fathers' Day with a single "Care-Givers' Day," which would not only cover parents, parent substitutes, and on and on, but also human service workers. At any rate, he said, "Parenting, in a biological sense, ends when the sperm hits the egg." (IPA Review, Fall 88; source item from Michael Steer)

\*In Scotland, one-third of the population is poor. In some locales, it is double that (Guardian, 19/8/88; source item Ruth Abrahams).

\*It is estimated that in Thailand alone, there are 40,000 child prostitutes (World Monitor, 11/88).

\*It is scandalous to consider that the US Food and Drug Administration may soon declare electroconvulsive shock machines as "safe" devices.

\*In 1988, a German reporter in Yugoslavia had his shoes cleaned by a man who had been manning a street shoe-cleaning stand for 50 years, and who had never been to school --but who turned out to be able to converse in 17 languages (AW, 10 Dec. 88).

\*We continue our reporting on dwarf tossing, and learn that in a number of the states, efforts are underway to outlaw it, as well as dwarf bowling, both "sports" that had been popular particularly in bar rooms and nightclubs (AP, 14/7/89; source item from Guy Caruso).

\*The astonishing case of Case 'c' - Tracy. We have discovered that in case studies used for teaching or elucidation purposes in which a woman is the main case client, she is often identified as Case 'c' - Tracy--somewhat analogous to Jane Doe (Horn, 1988). Of course, there may be Case 'c' - Tracy One, Two, etc.

\*A handicapped woman of our acquaintance, now in her 70s, spent almost the first 20 years of her life in institutions. After living for some years as a home aide and housekeeper in homes with several families, she eventually began to live by herself. By 1988, she had been living on her own for about 30 years. In 1988, she participated in a small group exercise in her church in which participants were told to remember one time that they had been loved by someone, and then to share that with the group if they chose. She said that although there were lots of people she liked, and lots of people who liked her, she could not think of anyone who had ever loved her--and sadly, she may very well have been right.

\*Barbara Fisher recently submitted two "human service axioms": any human service whose name ends in "home" isn't; and when the phone rings in a human service, even at a group home, it's never for a client.

\*A couple, accompanied by their 3-year old son, went to an institution in Georgia and visited a seriously handicapped abandoned little boy. The little son looked at him and said to his parents "He has lots of boo-boos on his face. His eyes are broken, and his nose is all smooshed. We should take him home." Whereupon the family took him in for adoption (Georgia Advocate, Fall 88).

\*TIPS has yet another competitor, namely an organization called Traumatic Injury Prevention Strategies (source information from John Morris).

\*Both the insane pretensions and the manifest futilities of government service structuring and planning are such that the following fictitious news report is not really too far-fetched: "The director of the state's Department of Benevolent Services announced yesterday that the department's 1000-year long-term comprehensive plan, released last month, has been declared utterly outdated and archaic, and will be replaced within a matter of days by a 2000-year plan."

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\*We like the definitions of optimists and pessimists that have been making the rounds in Russia. Pessimists there think that it is impossible for things to get worse than they are, while optimists think that it is possible for them to get distinctly worse. So when it comes to our service system, we must definitely be rated among the optimists.

#### Update on AIDS & Related Issues

We gave prominent coverage to AIDS in our last issue, and have some updates to report.

\*It now appears that men are much more likely to pass HIV to women than the other way around (AIDS Update, 12/89)

\*Just one man who had sex with 19 women gave HIV to 11 of them (AIDS Update, 12/89).

\*In the 12/89 issue, we commented on the immorality and dishonesty of the blood bank organizations. We since learned (SHJ, 3 Dec. 89) that a survey of 5,200 US hospitals between 1986-1988 found that 35% failed to review blood transfusion procedures to assure that they were used only when really necessary, and that wherever possible, blood components rather than whole blood be used in order to minimize risk of virus transmission, which also includes Hepatitis C. Altogether, 40% of hospitals were deficient in many other procedures as well, leading to formal citations of violations for 40% of them. In Brazil, the blood supply is quite unregulated, and comes mostly from professional donors. In one study, 34% of these were found to test positive for HIV (AIDS Update, 12/89). This bodes ill for Brazil.

\*Some prisoners are not very nice. Some of them save up their various body excrements in order to throw them at personnel. At the state prison in Auburn, NY, this has gotten so bad that guards go around wearing raincoats--but nurses had not been issued raincoats. One prisoner with AIDS saved up his feces, urine and semen, and when a nurse came by to give him medication, he threw the concoction in her face so it got into her mouth, eyes and hair. As is the case so often, she was advised to take AZT as a preventive medication, but as is also the case so often, she had to pay for it herself (a 28-day supply costing \$580), until worker's compensation finally took over. All this was accompanied by another imperial statement by the chief medical officer of the state's prison system who claimed that there was no risk of contracting AIDS by being splashed by feces, blood, urine or semen, which is of course totally untrue (SHJ, 16 Nov. 89).

\*An article (SHJ, 18/11/89) examined the issue whether children from religious households that teach chastity could be excused from AIDS instruction, and concluded that "sanctity is no replacement for education." To which we would reply that lies, and the implied morality of fornication, is no substitute for truth.

\*How brainwashed high school students themselves have become about sex education was evidenced by interviews with 6 of them from 4 different Syracuse high schools, all of them voicing belief in the efficacy of sex and AIDS education even though almost all of them commented on the high, or increasing, proportion of fornicative high school students (SHJ, 2 Dec. 89).

\*On the occasion of the 5th International AIDS Conference in Montreal in Summer 1989, a condom manufacturer flew a 120-foot condom balloon over the city, inscribed with the lie, "I save lives" (Newsweek, 19/7/89).

\*It is ironic that an extract of a Chinese cucumber root (commonly called Compound Q) that is believed to show some promise in slowing down AIDS is the very drug that has been used in China to induce abortions (Discover 1/90).

\*In New Orleans, 20% of people on needle drugs were found to carry HTLV-II in early 1989, and scientists are watching anxiously what the long-term effects of such infections may turn out to be (Science, 28/4/89).



## Deathmaking: "Euthanasia" Issues

Our deathmaking coverage this month will be as merciful as euthanasia itself is.

\*Mass killings of impaired people in the Netherlands. Mass killing of impaired people by the medical professions began in the Netherlands during the 1960s as part of a cultural revolution toward modernistic liberal ideals (Bostrom, 1989). Now, families, physicians and nurses all join together to put pressures on patients to demand "euthanasia" (Bostrom, 1989). What a hell of an informed consent that is when the patient finally gives in, or appears to do so. But in many hospitals, the patients are being killed not only without their consent and knowledge, but even without the families being informed that this is what would happen or has happened (Bostrom, 1989).

At the University Hospital of Amsterdam, nurses unilaterally killed several comatose patients without any form of consent on their part, and without even consulting the attending physicians. They were subsequently convicted not for the killings, but for acting without doctors' orders! (Bostrom, 1989).

A strange phenomenon in the Netherlands is that while the general population, and most of the churches, are now in support of "euthanasia," when people become old and impaired, almost all of them begin to reject "euthanasia." We see here once again a very modernistic phenomenon where people simply refuse to believe that they will ever get old, call for the death of the impaired elderly, and then when they become elderly and impaired, demand to live despite all the deathmaking of their elders which they promoted and condoned earlier (Bostrom, 1989).

The point strongly emphasized by Bostrom (1989) is that "euthanasia," once sanctioned in any form whatever, becomes simply uncontrollable, and takes off on its own, comparable to the so-called "wild euthanasia" in the later years of the Nazi regime.

Apparently, what we now have in the Netherlands is the most clear-cut instance of the crassest materialistic and utilitarian arguments being explicitly propounded both in the promotion and the actual practice of "euthanasia," and in this particular case by a powerful medical profession, in many cases vis-à-vis powerless--and certainly impaired--people. Some of the horror stories are really unbelievable (e.g., van der Sluis, 1989).

According to van der Sluis (1989), a lot of "euthanasia" is committed in the Netherlands not on the request of patients, but on the request of their families. The author also documented other instances of doctors unilaterally deciding that patients or elderly people should die, and then deducing all sorts of contorted arguments in support of their decision. For instance, as early as 1973, a patient came to a hospital for lower back pain and was put on sedatives. Another doctor came along, noted the patient's unresponsive condition, asked the nurse whether the man was "euthanasiastic." For some reason, the nurse said "yes," and the doctor ordered a lethal injection. The truth was that aside from the back pain, no further diagnosis had as yet been established, and that the large dose of sedatives that the patient had received and made him doozy had actually been unnecessary. Another physician who just happened to be present prevented the killing--and within a day, the patient was recovered.

Apparently some physicians have come to consider themselves as duty-bound to kill as many impaired people as they can get away with, and some have done so at least ever since the early 1970s.

All of this is a glimpse of our own future which, to some degree, we have already realized. As van der Sluis (1989) puts it, (Dutch) doctors who believe in "euthanasia" will kill you with your consent if they can get it, and without your consent if they cannot.

\*A lay persons' medical journal (Hippocrates: The Magazine of Medicine & Health) appealing to affluent readers, featured an announcement for an article: "Mercy Killing: It Works in Holland," in Fall 89.

\*A questionnaire survey completed by 870 physicians in the Australian state of Victoria found that the majority supported "active voluntary euthanasia," that 40% would practice it if it were legal, and that many have provided "active help in dying" (Med. J. of Australia, 20/6/88; source item from Michael Steer). Unfortunately,

Jewish physicians were most likely to admit to having "hastened death" (39%), but even 19% of Catholic physicians admitted having done so (this being the lowest rate of those listed with a specific denomination or identity). The authors, deathmakers Kuhse and Singer, interpreted this as meaning that the law should be changed to legalize "voluntary euthanasia" because of the "striking dissonance between existing law and widely-accepted medical practice"--which is of course a most peculiar argument. If one were consistent, one would always call for bringing law down to the level of daily practice. For instance, one would forever be calling for higher legal driving speeds because of the large number of people who always drive faster than the limit.

\*On 13 Dec. 1989, the "in-depth" TV news program, Frontline, covered the issue of withdrawal of life supports from impaired people. As is the case over and over, whether life supports should be withdrawn from debilitated people was interpreted entirely in terms of the construct of "the right to die," which of course is a blatant deception since what is involved was the question as to who--other than the patient--had the right to withdraw essential life supports. As part of the coverage, Frontline convened a panel of national "experts," but the panel discussion was largely a deplorable mixture of babble (even by its Jesuit Georgetown University professor) and deathmaking, with the only consistent voice in support of life being that of Nat Hentoff, the editor of the Greenwich Village Voice who has been a convert from liberalism. At one point, one of the participants referred to human beings as "a collection of organs," which went unchallenged by the other members.

Just how standard the despicably deceptive "right to die" slogan is is underlined by the fact that many media used the same term when covering the above issue, such as US News & World Report of 11 Dec. 1989.

\*USA Today (6 Dec. 89) also came out in an editorial in support of so-called "right-to-die" decisions, by which it specifically included relatives deciding that someone else should have nourishment and liquids withdrawn. There are said to be 10,000 people in the US in a "vegetative state," and if life supports were withdrawn from them, this would free up a great deal of medical money for other medical purposes.

\*The Euthanasia Society of America renamed itself the Society for the Right to Die, underlining its deceptiveness because the "right to die" implies self-determination, whereas "euthanasia" carries the implication that someone kills somebody else for their own good.

\*It is only since ca. 1980 that one has heard the phrase "persistent vegetative state" (PVS) applied to people who have some degree of impairment of consciousness but cannot be said to be "dying." Some people describe it as a state of being "unconscious but awake," and not being identical to a coma which would be more like a persistent sleep state. We are often told that people in a PVS have suffered destruction of the higher brain, i.e., the cerebrum, and are functioning entirely on lower brain centers such as the brain stem that control breathing, blood pressure, heart function, and certain reflexes. When such persons look about, blink their eye, grimace, try to make motions as if they were trying to sit up, etc., these are then all interpreted as being purely reflexive in nature. PVS is another one of those many slippery constructs which are often presented to us as having a very clear clinical identity and definition, but which often falls at least partially apart when it is more closely examined. For instance, we are told with great authority that such persons do not experience pain, even though they will grimace and engage in avoidance behavior when they are hurt. We believe that this denial of pain awareness is conjectural, and that a more valid phrasing would be that we simply cannot know whether such a person experiences pain, or exactly what they experience.

Some medical authorities will categorically declare that people in PVS are "no longer alive," and while some such people will argue this on neurological grounds, others do it by invoking the quality of life criterion by saying (as did Dr. Plum of Cornell University on Frontline in 12/89; see item above) "How can there be a quality if there is no life?"

Dr. Plum also advocated starving such patients to death, and when someone asked what he would put on the death certificate as cause of death, he said "brain damage" instead of starvation.

One of the perversions that surrounds the construct of PVS is that it has now been reified into a syndrome, and people are said to "have it" rather than be in it.

\*Readers should be shocked and instructed to read the quotations below by a number of leading "bioethicists" around the world, found in just one single article of The Interim (11/89).

*"Is a person in a persistent vegetative state a person?"* — William Harvey, University of Toronto Subject Supervisor, "Human Values in Medicine"

*"What is it about life that is sacred--biological vitality or some kind of quality? And who determines the quality...?"* — Rev. Phyllis Smyth, Chaplain, Royal Victoria Hospital, Montreal

*"We need not seek to remove the fatal pathology...if the efforts would not enable the individual to achieve cognitive-affective function and strive for the purpose of life."* — Kevin O'Rourke, Catholic Ethicist (Writing in America)

*"The final two decisions dealt with patients having severely diminished mental capacity for whom the provision of nutrients and fluids was of questionable benefit."* — L. J. Nelson, PhD., J.D., Division of Medical Ethics, University of California

*"We are all God's Children, and God doesn't want us to suffer."* — Rev. M. Pippy, Chaplain, Seven Oaks Hospital, Winnipeg

*"Can't we view God as a compassionate innkeeper, who gives his residents the right to check out whenever they want to?"* — Dr. John Arras, Ethics Advisor to Montefiore Medical Center, N.Y.

*"Euthanasia is an act of respect to an incurable patient...a dignified last act of medical care."* — Dr. Pieter Admiraal, "Euthanasia" pioneer, Holland

The combination of learned murderous brutality and grossest kind of babble is unfortunately normative on the contemporary "bioethics" scene. It is hard to find a so-called "bioethicist" these days who does not endorse some, or many, forms of deathmaking.

*"The life of an individual has meaning only in the light of that ultimate aim, that is, in the light of his meaning to his family and his national state."* Something very similar to this is said today by any number of proponents of the redefinition of human life, its value, and its rights in terms of a personhood that is meaningful to others. However, it was said in 1935 by the Nazi director of public health in Germany, Dr. Arthur Guett (CRTI Report, Fall 89).

\*After an operation for a blood clot at the Hospital of St. Raphael in New Haven, Conn. on a 66-year old man, a prominent heart surgeon had him taken off the respirator without the consent of his wife, upon which he died, and she was disconsolate. Although there were questions about this death from the start, no autopsy was performed, but the surgeon and the resident were barred from the hospital on suspicion of having performed "euthanasia," which is very unusual these days (NRLN, 11/89).

\*It is sad that there have already begun to appear publications entitled "Alternatives to Euthanasia," as if "euthanasia" were the mainstay, and other things have now become "alternatives."

#### Infant & Child Deathmaking

\*US Commission on Civil Rights. (1989). Medical discrimination against children with disabilities. Washington, D.C.: US Government Printing Office. In 9/1989, the US Commission on Civil Rights published a large, thick volume, entitled Medical Discrimination Against Children with Disabilities. (Item drawn to our attention by John O'Brien.) The tome is a good source of references and documentation regarding the cases of US infant death-making that became public, and particularly those that involved court actions; but unfortunately, despite extensive documentations, the report made no effort to estimate the number of children being made dead or at risk thereof. Also, unfortunately, there is no index, and the material is difficult to access. The report concluded that there was a high incidence of "medical discrimination" against "children with disabilities," but that it was "part of a much larger pattern of medical care discrimination against people with disabilities" (p. 8). The report also noted that when life-saving treatment is denied to handicapped children, and the parents agree to this, the parental concurrence is often a merely "nominal one," with the physicians on the scene being the "prime movers" in denying the treatment. Also, the Commission pointed out that in instances where parents deny medical treatments to their non-handicapped children, there has been a long tradition of state intervention on behalf of the child. However, when the state similarly intervenes on behalf of



handicapped children, then all sorts of people claim that this constitutes state interference with parental privacy and decision-making. Since obviously, this claim is historically one-sided and false, it really reflects a bias against handicapped children rather than genuine respect for parental authority.

The report noted (p. 104) that denial of medical treatment to infants typically only comes to public attention when there is a "whistle-blower," and that at the same time, there are "substantial disincentives to whistleblowing" by health care personnel or even ordinary citizens. All health care whistle-blowers who worked in the private sector whom the report could identify lost their jobs. Thus, any cases that attain publicity must be considered only the tip of the iceberg.

The intensively negative medical response in the early 1980s against federal protection of the lives of impaired infants triggered the passage of the federal Child Abuse Amendments in 1984 which placed a heavy responsibility on state child protective services, but the report concludes (p. 117) that there has been "substantial failure of many state child protective service agencies to effectively enforce" the law, one major reason being the close working relationship between child protective service workers and the medical profession. It was also concluded that hospital-based ethics or infant care review committees really make very little difference in the prevailing patterns of discrimination. At the same time, the report concluded that state protection and advocacy services for the "developmentally disabled" were one of the most promising protective mechanisms, but had not been extensively called in for this sort of problem because of the very fact that they had so much greater independence.

On the one hand, there is a very thorough documentation of the devastating but false predictions by the medical profession of the future capabilities of handicapped infants, and on the other hand of the phenomenal attainments of these very same infants, when they did escape the death-talking and death-making that so commonly surrounds their early lives.

Unfortunately, the recommendations of the Commission focus almost entirely on federal action on the executive and legislative level.

In the appendix, there is a whole series of letters from various medical colleges, physicians, attorneys and hospitals (including the deathmaking centers of Yale-New Haven Hospital and the Oklahoma Children's Memorial Hospital) vituperously railing against the disclosures of their deathmaking roles, and in some cases denouncing this report, limited even as it was.

\*The absurdity surrounding the current use of the term "disabled" is underlined by the compound term "disabled infants," as if all infants were not near-zero in terms of capabilities, not to mention that the term "disabled infant" would not be applied to a neurologically intact but very severely ill baby. And yet, especially since 1983, this phrase has been used in both the professional and medical literature, and in US government documents in connection with the formulation of the federal Child Abuse Amendments (passed in 1984), and even in the law itself, and in the above report.

\*When Baby Jane Doe was born in 1983 with spina bifida and multiple complications, it was said by the medical experts that she would be "severely retarded...bed-ridden all the days of her life," and unlikely "to ever achieve meaningful interaction in her environment." This was all done in efforts to get her made dead, but when the efforts failed, she lived, and by age 4 was doing all the following things: talk in sentences, smile and laugh, hug and give kisses, throw toys when unhappy, be aware when people are displeased with her, use the wheelchair and attend school (NRLN, 10/89, p. 6).

\*According to a report on the CBS Evening News of 17/10/1989, child abuse in the United States is growing so much as to be recognized as a major problem even by those agencies that in the past have been inclined to deny it. The problem has gotten so bad that in 5 states, it is now common to investigate every child death to rule out any possibility of foul play. Unfortunately, social workers attribute the increase in child abuse only to the increase in drug addiction, and particularly the use of crack among young women. Such a particularistic and segmentizing attribution focuses the problem primarily on the lower classes of society, and also fails to address the deeper and pervasive societal values that in their turn have given rise to the drug epidemic. Further, no connection was made in the report between the throwing away and discarding of children through abortion and infanticide, and the dramatic increase in child abuse.

\*A mother accused of child abuse after her baby was born addicted to cocaine was acquitted quite logically of child abuse charges on the grounds that prior to birth, her baby had not been a child (AP, in SHJ, 7 Nov. 89).

\*Because of their large number, we can only give coverage to individual child killings when circumstances are unusual. One unusual circumstance was that a Rochester, NY, couple beat to death a 2-year old boy less than 2 months after they had adopted him (AP in SHJ, 5 Nov. 89).

### Health & Environment

\*In 1989, an admiral, James Watkins, was appointed US Secretary of Energy--just about the time when it was finally revealed how extensively both the private and government sector had engaged in nuclear contamination for about 40 years. Upon assuming office, he fatefully said that if he could not clean up the nuclear mess, nobody else could--and we believe he is right, namely that neither he nor anyone else can do it, as history will soon reveal (USN & WR, 14/8/89).

\*About one inch of topsoil can be taken away from an Iowa field in just one single rainstorm that occurs after the earth had been turned over and lacks cover. Few city people understand the dynamics that lead to this pattern of erosion. Farmers are receiving so little income from their products that they must exploit their soil to its very limits, and even beyond, by a most aggressive program which not only leads to soil depletion and erosion but which does other damage, such as use of such heavy equipment that it compacts the soil, and use of so many poisonous chemicals as to create all sorts of other damages.

\*In a 1989 National Research Council Report, it was found yet once again (and has since continued to be found) that well-managed farms can get the same or better crop and livestock yield with natural techniques as compared with farms that use heavy doses of synthetic fertilizers and pesticides. However, this will not easily persuade a great many farmers and people in the agri-business, because our culture uses high technology for its own sake in an idolatrous fashion, and would prefer a high-tech strategy even if it yielded lower returns than a low-tech one (US News & World Report, 18/9/89).

\*Chemicals produced by DuPont, the world's largest chemical company, have been causing a great deal of cancer. Without admitting this fact, the company in the late 1980s began to "integrate vertically" by selling cancer-detecting medical equipment, such as the kind that detects breast cancer (Greenpeace, 9 & 10/1989).

\*Many of us were rather mystified to learn that medical waste was being dumped into the New York City waters in such a fashion as to wash up on nearby beaches--until we learned that a fair proportion of the garbage disposal of New York City is under the control of the Mafia (Discover, 8/89).

\*Along the coasts of Mississippi, Louisiana and Texas, there are between 2500-3000 pounds of trash per mile, 60% by volume being plastic items (EA, Fall 89).

\*The less ozone there is, the more people will go blind eventually, and the more important it becomes for people to wear tight-fitting sunglasses, preferably of the wrap-around fashion (Healthwise, 4/89).

\*Because of the promiscuous use of antibiotics (especially in animal husbandry), and the ever decreasing immunity of the general population (probably largely because of pollution), salmonella poisoning is now believed to strike as many as 4 million Americans annually. Since there are 1800 varieties of salmonella, recent announcements of a "magic bullet" "breakthrough" antibiotic that specifically works against salmonella should be taken with much skepticism (Newsweek, 22/8/88).

\*The US Dept. of Energy estimated that it would cost \$110 billion to do no more than clean up the pollution of US nuclear weapons plants--then it revised its estimate to \$140 billion, and then to \$175 billion as of late 1988. And of course, that may not yet be the truth either. We have often said that a PPP society may spend up to 200 times as much to clean up pollution than to prevent it in the first place, so as to "keep the economy humming."

\*Well before asbestos was legally restricted in 1973, it was suspected of being dangerous. Now it often costs 100 times the amount to remove asbestos in buildings than it cost to put it in there in the first place, and may cost \$100 billion (yes!) before it is all over. Claiming "it is not anybody's fault," real estate people have begun to scream for tax credits for asbestos removal even though the asbestos was often put in when it was already suspect, or even after 1973 (Time, 6/2/89).

\*Our post-primary production economy that is a major dynamo for the generation of impaired and dependent people and for the disfunctionality of the human service system can only be sustained by cheap energy. Yet the days of cheap energy are rapidly drawing to a close, and with it, we shall see monumental upheavals, the nature of which we can hardly predict and envision. Latest assessments of gas and oil reserves in the US reveal that at various times, both the oil and gas industry and the government have grossly exaggerated these reserves, apparently in a typically imperial response that everything is under control and nobody need worry about anything. At this time, oil prices are artificially depressed because the major oil-producing countries in conflict with each other have been undercutting each other, and also have had to sell oil at very artificially low prices in order to finance their senseless wars and war readiness. Should they come to their senses, energy prices will leap dramatically, and particularly as less of the energy demand can be covered from US domestic sources (Science, 22/9/89). When all this happens, we shall see impacts on human services which are as cataclysmic-- but also unpredictable -- in their precise nature as the crumbling of the PPP economy.

\*It is hard to believe that the editor of Science, the biggest scientific periodical in the world, said in 16/12/88 that "only utopians can believe that the problems of energy consumption will be solved by a US president advocating a lower standard of living...the solutions will have to be scientific..." Of course, it was science that produced the problems in the first place, and while they were being produced, scientists generally denied that the outcomes would be problems.

#### Miscellaneous Medical News

\*The arrogance of the medical profession was yet again evidenced by the Victorian branch of the Australian Medical Association asserting in a 6/86 submission to the government that "the doctor should be able to practice free of pressure or harassment from individuals or from the corporate state" (source material from Michael Steer). We agree that there should be protection from frivolous litigation and absurd damage awards, but how can any single sector of society, no matter who or what they are, claim to be above or outside it?

\*Just between June and October 1989, the number of patients in hospital emergency rooms and hallways waiting for a hospital bed in the 4 Syracuse hospitals increased from 332 on an average day to 387.

\*A study found that physicians who own, or invest in, medical laboratories tend to order 45% more laboratory services for their Medicare patients (AARP Bulletin, Summer 1989).

#### Stop Press Addenda

\*To supplement our coverage on HUD above, in 3/88, HUD offered to make available to the homeless "a building suitable for their use," which turned out to be an 80 foot high metal observation tower, formerly used by the Army, on the Atlantic shore, with a shack on top measuring about 8 x 8 feet, without water or electricity, climbable only by a rickety stairway, and without public access. Furthermore, the tower was located in a rural county that had no homeless people (USN & WR, 28/8/89).

\*To supplement the "right-to-die" issue: the cause célèbre that was at the core of the Frontline program was Nancy Beth Cruzan. Opinions as to her mental state vary widely, which Frontline did not bring out at all. Also, it turned out that one reason why she no longer eats is that a stomach tube was put into her merely for cost-saving purposes, because before that, she did swallow soft foods and liquids (BRMM, 1/90). Thus, we first have deathmaking, and then the outcome of the deathmaking is cited as a new rationale for further deathmaking!

One of the deathmaking promoters on Frontline, Dr. Plum, is often cited as the expert in neurology (IAETF, 10 Jan 90).



Further, even defenders of life have begun to speak of people "having PVS."

### A Few Signs of the Times

\*We hear much these days of how computer technology liberates handicapped or competency-impaired people, but seldom how it makes them more handicapped. Here, we describe a striking example of the latter.

When citizens want to telephone a public service these days in order to get some information, place an order, or lodge a complaint, chances are that they will be getting a computerized automated interactive robot. The way these reply systems work is that when a caller dials the number of the party at issue, this activates a recorded message that instructs the caller to make a whole series of branched decisions, and to press various number of the telephone dial to indicate these decisions. In response to each decision made by the caller, the taped message then continues to instruct the caller to make yet another decision and press the proper numbers for it, until the caller has either obtained the information s/he desires, or is connected with a live human who can provide the desired information. For instance, if one wants to make train reservations and dials the number for information, a taped message will ask the caller to indicate the date of desired travel by entering the numbers of the month and day; to indicate if one-way or round-trip schedules are desired; to indicate whether travel is to take place in the a.m. or p.m.; and so on. Such computerized message systems may require a caller to make over 30 decisions, one at a time! These systems usually also offer a caller the opportunity to request a real human respondent (but only by pressing a certain number), though a caller may then have to wait on the line for quite awhile before an available operator comes on.

These interactive reply systems are apt to be very disabling of people with poor sight or fine motor impairment who have trouble punching the right digits, or whose minds are not working well, be that because of low mentality, stress or dementia. For example, a person might not be good at understanding the question, following the instructions, entering the date of intended travel by converting the names of months to numbers (e.g., February to 2), etc. Further, many people would not know what other avenues to pursue to obtain the desired information, and may just give up in frustration, or because they are ashamed to display their incompetence.

One likely consequence of such reply systems is that some people who were already on the margins of societal participation, and/or who relied heavily on telephone information, will be pushed even further out of all sorts of participations.

\*According to a very instructive article in Time (25/12/89), mail sorters working for the US Postal Service have to sit before machines that force them to read an address and punch in the first 3 digits of the zip code in less than a second, and to do that 30,000 times an hour, hour after hour. In essence, humans are being driven beyond their capacity by machines, and the result has been a dramatic rise in frustration, job dissatisfaction and outright violence. The 825,000 postal employees have begun generating 150,000 grievance proceedings a year; and in turn, management has instituted 69,000 disciplinary actions against employees. There have also been 355 physical attacks by workers on supervisors, and 183 by supervisors on workers. A number of postal workers have gone on killing rampages (in one case involving 14 dead victims), and other workers just simply commit suicide. It seems a better way would be to just raise the postal rates, particularly of junk mail, and bring demands down to a human and humane level.

\*According to a 1/90 "48 Hours" in-depth news program, there are 12,000 beauty contests in the US every year, almost exclusively featuring females all the way from a few months of age to mostly the early 20s. These statistics are staggering, because they imply that there may be close to a million females who either because of parental pressure or their own twisted values participate in these competitions. The children in "48 Hours" were mostly youngsters who had been pushed by their mothers, in which case this also implied being pushed precociously into sexuality. The young women seemed to be mostly shallow bimbos. We urgently call upon everyone, but especially feminists, to focus in on this embarrassing, degrading and decadent practice.

\*With the argument that parents are probably no longer able to help their children with mathematics of today, an Australian firm is promoting a computerized mathematics instruction program for children aged 3 to 12.

"HOUSEKEEPING ANNOUNCEMENTS"

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